

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

IN RE: )  
)  
JASON HOWARD SCOTT, DEBTOR ) No. 17-25141  
) Chapter 13  
) Judge Cox  
)

**NOTICE OF MOTION**

To: [See below service list]

**PLEASE TAKE NOTICE** that on the 22nd day of January, 2018, at 9:00 A.M., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge Cox at the United States District Courthouse, 219 S. Dearborn, Room 680, Chicago, Illinois, and present the attached **MOTION TO MODIFY PLAN, and Proposed Order**, at which time you may appear.

s/ John Haderlein, ESQ., Attorney for Defendants

**CERTIFICATE OF SERVICE**

John Haderlein, ESQ., an attorney, states that he has served a copy of the foregoing Notice of Motion together with the **MOTION TO MODIFY PLAN and SHORTEN NOTICE, and Proposed Order**, to all parties identified in the below service list, by regular U.S. Mail, by depositing same at the United States Post Office located at 1520 Artaius Parkway, Libertyville, Illinois on December 29, 2017.

LAW OFFICES OF JOHN HADERLEIN, ESQ.  
A CHAPTER 7/13 BANKRUPTCY DEBT RELIEF AGENCY  
815-C COUNTRY CLUB DRIVE  
LIBERTYVILLE, IL 60048  
(312) 316-4614 (voice/text)  
(224) 433-6466 (facsimile)  
ARDC NO: 6197623  
EMAIL: [john@bklaw1.com](mailto:john@bklaw1.com)

**[SERVICE LIST]**

**17-25141 Notice will be electronically mailed to:**

John A Haderlein on behalf of Debtor 1 Jason Scott Howard  
schmada@yahoo.com

Patrick S Layng  
USTPRegion11.ES.ECF@usdoj.gov

Tom Vaughn  
ecf@tvch13.net, ecfchi@gmail.com

**17-25141 Notice will not be electronically mailed, and will be sent by United States Mail to:**

City of Chicago Revenue Department  
121 N. LaSalle St. Room 107A  
Chicago, IL 60602

Arnold Scott Harris, PC  
111 W. Jackson  
Suite 600  
Chicago, IL 60604

US SOCIAL SECURITY ADMINISTRATION  
5130 W. NORTH AVE.  
CHICAGO, IL 60639

City of Chicago Department of Finance  
c/o Arnold Scott Harris P.C.  
111 W Jackson Blvd Ste.600  
Chicago IL.60604

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

IN RE:	)	
	)	
JASON HOWARD SCOTT, DEBTOR	)	No. 17-25141
	)	Chapter 13
	)	Judge Cox
	)	

**MOTION TO MODIFY PLAN**

NOW COMES DEBTOR, by and through his attorney, John Haderlein, Esq., and notice having been duly and proper given to all creditors and parties of record, does hereby state as follows:

1. Debtor filed this Chapter 13 case in 2017 in order to release a 1975 Buick Regal (hereinafter "vehicle") impounded by the City of Chicago.
2. Debtor's plan was confirmed on October 16, 2017, and later modified on October 30, 2017.
3. In order for the City of Chicago to release the vehicle, Debtor's plan needs to pay the claim of the City of Chicago as secured. This \$17,110.80 secured claim is the only claim in this case. A copy of the claim is hereto attached as Exhibit A. The plan as modified on October 16, 2017 does not provide for the City of Chicago as a secured creditor.
4. Debtor wishes to modify the plan in order to pay the City of Chicago's claim as a secured creditor so that the vehicle can be released.
5. Debtor broke his leg which caused a payment default.

6. Debtor has filed his amended schedules I & J, showing his current ability to make plan payments. The amended schedules are hereto attached as Exhibit B.
7. Debtor wishes to modify the plan in order to defer the payment default until the end of the plan.

WHEREFORE, Debtors pray that this Honorable Court:

1. Modify the plan to pay the City of Chicago as a secured creditor at 100% of its claim;
2. Modify the plan in order to defer the payment default until the end of the plan;
3. Grant such other relief as this Honorable Court deems equitable and proper.

RESPECTFULLY SUBMITTED:

*s/ John Haderlein, Esq.*

.....  
John Haderlein, Esq.  
Attorney for Debtor

LAW OFFICES OF JOHN HADERLEIN, ESQ.  
A CHAPTER 7/13 BANKRUPTCY DEBT RELIEF AGENCY  
815-C COUNTRY CLUB DRIVE  
LIBERTYVILLE, IL 60048  
(312) 316-4614 (voice/text)  
(224) 433-6466 (facsimile)  
ARDC NO: 6197623  
EMAIL: [john@bklaw1.com](mailto:john@bklaw1.com)

EXHIBIT A

Fill in this information to identify the case:

Debtor 1 Jason Scott Howard

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 17-25141

## Official Form 410

# Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>City of Chicago Department of Finance</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Department of Finance c/o Arnold Scott Harris</u> Name <u>111 W. Jackson Ste 600</u> Number Street <u>Chicago IL 60604</u> City State ZIP Code  Contact phone <u>(312)423-7438</u> Contact email <u>oolan@harriscollect.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  <u>Department of Finance c/o Arnold Scott Harris</u> Name <u>111 W. Jackson Ste 600</u> Number Street <u>Chicago IL 60604</u> City State ZIP Code  Contact phone <u>(312)423-7438</u> Contact email <u>oolan@harriscollect.com</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9 7 0 0

7. How much is the claim? \$ 17,110.80. Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Parking Tickets

9. Is all or part of the claim secured? ☐ No  
☒ Yes. The claim is secured by a lien on property.  
**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☒ Motor vehicle  
☐ Other. Describe: Vehicle possessory lien  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ 17,110.80  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

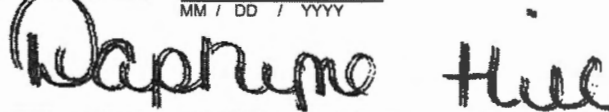
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/23/2017

MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name Daphne Hill  
First name Middle name Last name

Title Legal Administrator

Company Arnold Scott Harris P.C  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 111 W. Jackson Ste 600  
Number Street

Chicago IL 60604

City State ZIP Code

Contact phone (312)423-7438 Email oolan@harriscollect.com



## Notice - Plate Summary

### Identity

Notice: 5204244480  
Last Noticed: 08-24-2017

Owner: HOWARD, JASON S.  
Total Due: \$1,000.00

### Plate Summary

License			Ticket Counts		Amounts Due		
Plate	ST	Type	Total	Outstanding	Tickets	Seizure	Total
<input type="radio"/> AH70655	IL	PAS	4	4	\$1,000.00	\$0.00	\$1,000.00

[plate detail](#) | [reset](#)

## Notice - Ticket Summary

### Identity

Notice: 5204244480

Owner: HOWARD, JASON S.

Last Noticed: 08-24-2017

Total Due: \$1,000.00

Plate	Ticket	Issued	Pymt	Ticket	Notice	Next	Last	Last	Amount
Number	Number	Date	Plan	Queue	Level	Upgrade Date	Noticed Date	Pay Date	Due
<input type="radio"/> AH70655	7007222786	02-28-17	False	Bankruptcy	FINL		08-24-17		\$200.00
<input type="radio"/> AH70655	0066932931	03-11-17	False	Bankruptcy	FINL		08-24-17		\$400.00
<input type="radio"/> AH70655	0067895839	05-14-17	False	Bankruptcy	DETR	08-21-17	08-24-17		\$200.00
<input type="radio"/> AH70655	0067894176	05-17-17	False	Bankruptcy	DETR	08-21-17	08-24-17		\$200.00

[ticket detail](#) | [reset](#)

## Notice - Plate Summary

### Identity

Notice: 5048885520  
Last Noticed: 08-11-2017

Owner: HOWARD, JASON S.  
Total Due: \$14,392.40

### Fee Summary

Fee Type	Reference Number	Create Date	Fee Amount	Current Amount Due	Type of Suspension / Plan Type
DLS-CERT	2453820	07-17-2011	\$20.00	\$0.00	Parking
DLS-CERT	2554387	04-03-2016	\$20.00	\$0.00	Default Parking
DLS-CERT	2570242	01-01-2017	\$20.00	\$0.00	Parking
DLS-CERT	2576703	04-16-2017	\$20.00	\$20.00	Default Parking

### Plate Summary

License			Ticket Counts			Amounts Due	
Plate	ST	Type	Total	Outstanding	Tickets	Seizure	Total
<input type="radio"/> P346233	IL	PAS	22	22	\$7,137.00	\$0.00	\$7,137.00
<input type="radio"/> Q332729	IL	PAS	4	4	\$871.00	\$0.00	\$871.00
<input type="radio"/> Y769261	IL	PAS	7	7	\$1,390.80	\$0.00	\$1,390.80
<input type="button" value="←"/> 1 <input type="button" value="→"/>							plate detail   reset

## Notice - Plate Summary

### Identity

Notice: 5048885520  
Last Noticed: 08-11-2017

Owner: HOWARD, JASON S.  
Total Due: \$14,392.40

### Fee Summary

Fee Type	Reference Number	Create Date	Fee Amount	Current Amount Due	Type of Suspension / Plan Type
DLS-CERT	2453820	07-17-2011	\$20.00	\$0.00	Parking
DLS-CERT	2554387	04-03-2016	\$20.00	\$0.00	Default Parking
DLS-CERT	2570242	01-01-2017	\$20.00	\$0.00	Parking
DLS-CERT	2576703	04-16-2017	\$20.00	\$20.00	Default Parking

### Plate Summary

License			Ticket Counts			Amounts Due	
Plate	ST	Type	Total	Outstanding	Tickets	Seizure	Total
<input type="radio"/> 125L077	IL	TMP	5	5	\$902.80	\$0.00	\$902.80
<input type="radio"/> 186K749	IL	TMP	2	2	\$305.00	\$0.00	\$305.00
<input type="radio"/> 471D948	IL	TMP	7	7	\$750.00	\$0.00	\$750.00
<input type="radio"/> 5760506	IL	PAS	2	1	\$100.00	\$0.00	\$100.00
<input type="radio"/> 660J627	IL	TMP	2	2	\$366.00	\$0.00	\$366.00
<input type="radio"/> 739N940	IL	TMP	3	3	\$756.40	\$0.00	\$756.40
<input type="radio"/> 859RNC	MN	PAS	1	1	\$244.00	\$0.00	\$244.00
<input type="radio"/> 993L301	IL	TMP	2	2	\$366.00	\$0.00	\$366.00
<input type="radio"/> E279274	IL	PAS	2	2	\$646.60	\$0.00	\$646.60
<input type="radio"/> K108563	IL	PAS	2	2	\$536.80	\$0.00	\$536.80

1 2 >>

plate detail | reset

[illegible]

	P346233	0062585644	01-16-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	9183259820	01-30-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	9183547483	03-13-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062811032	03-17-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062811053	03-22-13	False Bankruptcy DLS	08-11-17	\$146.40
<input type="radio"/>	P346233	0062811054	03-22-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062811056	03-24-13	False Bankruptcy DLS	08-11-17	\$146.40
<input type="radio"/>	P346233	0062811057	03-24-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	7004615617	03-27-13	False Bankruptcy DLS	08-11-17	\$244.00
<input type="radio"/>	P346233	0062810401	03-28-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062810402	03-28-13	False Bankruptcy DLS	08-11-17	\$146.40
<input type="radio"/>	P346233	0062810407	04-26-13	False Bankruptcy DLS	08-11-17	\$146.40
<input type="radio"/>	P346233	0062810408	04-26-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062817563	05-23-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062819952	06-04-13	False Bankruptcy DLS	08-11-17	\$146.40
<input type="radio"/>	P346233	0062819953	06-04-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0061623205	06-19-13	False Bankruptcy DLS	08-11-17	\$61.00
<input type="radio"/>	P346233	0061623204	06-19-13	False Bankruptcy DLS	08-11-17	\$488.00
<input type="radio"/>	P346233	0062813907	08-04-13	False Bankruptcy DLS	08-11-17	\$61.00
<input type="radio"/>	P346233	0063304058	08-07-13	False Bankruptcy DLS	08-11-17	\$122.00
<input type="radio"/>	Q332729	7006953468	09-19-16	False Bankruptcy SEIZ	08-11-17	\$244.00
<input type="radio"/>	Q332729	9190786996	09-27-16	False Bankruptcy SEIZ	08-11-17	\$183.00
<input type="radio"/>	Q332729	7007055700	11-11-16	False Bankruptcy SEIZ	08-11-17	\$244.00
<input type="radio"/>	Q332729	0067584862	11-22-16	False Bankruptcy SEIZ	08-11-17	\$200.00
<input type="radio"/>	Y769261	6043312372	09-16-15	False Warning	04-08-16	\$0.00
<input type="radio"/>	Y769261	0066378648	10-25-15	False Bankruptcy DLS	08-11-17	\$366.00
<input type="radio"/>	Y769261	6043473294	10-26-15	False Bankruptcy DLS	08-11-17	\$244.00
<input type="radio"/>	Y769261	6043513842	11-07-15	False Bankruptcy DLS	08-11-17	\$244.00
<input type="radio"/>	Y769261	7006509837	01-08-16	False Bankruptcy SEIZ	08-11-17	\$244.00
<input type="radio"/>	Y769261	0064678881	01-31-16	False Bankruptcy SEIZ	08-11-17	\$146.40
<input type="radio"/>	Y769261	0066755789	03-01-16	False Bankruptcy SEIZ	08-11-17	\$146.40

[ticket detail](#) | [reset](#)

## Notice - Plate Summary

### Identity

Notice: 5198529700 Owner: HOWARD, JASON S.  
Last Noticed: 09-23-2016 Total Due: \$1,718.40

### Plate Summary

License			Ticket Counts		Amounts Due		
Plate	ST	Type	Total	Outstanding	Tickets	Seizure	Total
<input type="radio"/> Z398434	IL	PAS	3	3	\$268.40	\$1,450.00	\$1,718.40

[plate detail](#) | [reset](#)

## Notice - Ticket Summary

### Identity

Notice: 5198529700 Owner: HOWARD, JASON S.  
Last Noticed: 09-23-2016 Total Due: \$1,718.40

Plate	Ticket	Issued	Pynt	Ticket	Notice	Next	Last	Last	Amount
Number	Number	Date	Plan	Queue	Level	Upgrade Date	Noticed Date	Pay Date	Due
<input type="radio"/> Z398434	0067033701	04-05-16	False	Bankruptcy	SEIZ		09-23-16		\$61.00
<input type="radio"/> Z398434	0066964554	05-12-16	False	Bankruptcy	SEIZ		09-23-16		\$61.00
<input type="radio"/> Z398434	0066964555	05-12-16	False	Bankruptcy	SEIZ		09-23-16		\$146.40

[ticket detail](#) | [reset](#)



EXHIBIT B

Debtor 1 JASON SCOTT HOWARD  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number 17-25141  
(if known)

☒ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

12/15

## Schedule I: Your Income

### Part 1: Describe Employment

## Part 2: Give Details About Monthly Income

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ _____	\$ _____
3.	+ \$ _____	+ \$ _____
4.	\$ _____	\$ _____

Debtor 1 JASON SCOTT HOWARD Case number (if known) 17-25141  
First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ _____	\$ _____	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____	
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____	
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____	
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____	
5e. Insurance	5e. \$ _____	\$ _____	
5f. Domestic support obligations	5f. \$ _____	\$ _____	
5g. Union dues	5g. \$ _____	\$ _____	
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____	
8b. Interest and dividends	8b. \$ _____	\$ _____	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____	
8d. Unemployment compensation	8d. \$ _____	\$ _____	
8e. Social Security	8e. \$ <u>738.00</u>	\$ _____	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>FOOD STAMPS</u>	8f. \$ <u>129.00</u>	\$ _____	
8g. Pension or retirement income	8g. \$ _____	\$ _____	
8h. Other monthly income. Specify: <u>FAMILY SUPPORT</u>	8h. + \$ <u>320.00</u>	+ \$ _____	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <span style="border: 1px solid black; padding: 2px;">\$ _____</span>	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <span style="border: 1px solid black; padding: 2px;">\$ <u>1,187.00</u></span>	+ <span style="border: 1px solid black; padding: 2px;">\$ <u>1,187.00</u></span> = <span style="border: 1px solid black; padding: 2px;">\$ <u>1,187.00</u></span>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>FOOD STAMPS</u>			
		11. + \$ _____	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies		12. <span style="border: 1px solid black; padding: 2px;">\$ <u>1,187.00</u></span> Combined monthly income	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 JASON SCOTT HOWARD  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number 17-25141  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

# Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☐ Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 550.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ \_\_\_\_\_

4b. \$ \_\_\_\_\_

4c. \$ \_\_\_\_\_

4d. \$ \_\_\_\_\_

Debtor 1

JASON SCOTT HOWARD

First Name Middle Name Last Name

Case number (if known) 17-25141

**Your expenses**

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ \_\_\_\_\_
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ \_\_\_\_\_
- 6b. Water, sewer, garbage collection 6b. \$ \_\_\_\_\_
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ \_\_\_\_\_
- 6d. Other. Specify: \_\_\_\_\_ 6d. \$ \_\_\_\_\_
7. **Food and housekeeping supplies** 7. \$ 215.00
8. **Childcare and children's education costs** 8. \$ \_\_\_\_\_
9. **Clothing, laundry, and dry cleaning** 9. \$ \_\_\_\_\_
10. **Personal care products and services** 10. \$ \_\_\_\_\_
11. **Medical and dental expenses** 11. \$ \_\_\_\_\_
12. **Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments. 12. \$ \_\_\_\_\_
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ \_\_\_\_\_
14. **Charitable contributions and religious donations** 14. \$ \_\_\_\_\_
15. **Insurance.**  
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$ \_\_\_\_\_
- 15b. Health insurance 15b. \$ \_\_\_\_\_
- 15c. Vehicle insurance 15c. \$ \_\_\_\_\_
- 15d. Other insurance. Specify: \_\_\_\_\_ 15d. \$ \_\_\_\_\_
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_ 16. \$ \_\_\_\_\_
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ \_\_\_\_\_
- 17b. Car payments for Vehicle 2 17b. \$ \_\_\_\_\_
- 17c. Other. Specify: \_\_\_\_\_ 17c. \$ \_\_\_\_\_
- 17d. Other. Specify: \_\_\_\_\_ 17d. \$ \_\_\_\_\_
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ \_\_\_\_\_
19. **Other payments you make to support others who do not live with you.**  
Specify: \_\_\_\_\_ 19. \$ \_\_\_\_\_
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$ \_\_\_\_\_
- 20b. Real estate taxes 20b. \$ \_\_\_\_\_
- 20c. Property, homeowner's, or renter's insurance 20c. \$ \_\_\_\_\_
- 20d. Maintenance, repair, and upkeep expenses 20d. \$ \_\_\_\_\_
- 20e. Homeowner's association or condominium dues 20e. \$ \_\_\_\_\_

Debtor 1

**JASON SCOTT HOWARD**

First Name Middle Name Last Name

Case number (if known) **17-25141**

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 767.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 767.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1,187.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 767.00

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ 420.00

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 JASON SCOTT HOWARD  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number 17-25141  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

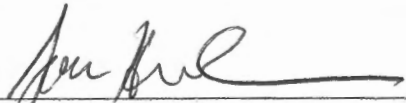
### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x   
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date 12/29/2017  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY